

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2011	
NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 RANDALLIA DRIVE FORT WAYNE, IN46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 5/27/11.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00092761.</p> <p>Survey Dates: July 5, 6, 7, 2011</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>Survey Team: Sheryl Roth, RN TC Rick Blain, RN Sue Brooker, RD Angie Strass, RN (July 6, 2011)</p> <p>Census Bed Type: SNF/NF: 123 SNF: 23 Residential: 99 Total: 245</p> <p>Census Payor Type: Medicare: 16 Medicaid: 74 Other: 155 Total: 245</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0000	<p>Sample: 14 Residential sample: 5</p> <p>Saint Anne Home was found to be in compliance with 42 CFR Part 483, Subpart B in regard to the PSR to the Recertification Survey.</p> <p>This state deficiency is cited in accordance with 410 IAC 16.2</p> <p>Quality Review completed on July 12, 2011 by Bev Faulkner, RN</p> <p>The following residential finding was cited in accordance with 410 IAC 16.2-5.</p>			R0000			

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R0090	<p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a</p>						

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	<p>notice posted of their availability.</p> <p>(6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interview, the facility failed to ensure lab work was completed as ordered by the physician, for 1 of 5 residents reviewed for following physician orders in a sample of 5. (Resident #26)</p> <p>Findings include:</p> <p>Resident #26's record was reviewed on 7/05/11 at 10:30 a.m. The record indicated Resident #26's diagnoses included, but were not limited to, high blood pressure, coronary artery disease, cerebrovascular accident (stroke), depression and senile dementia.</p> <p>A "Physician Progress Notes," dated 6/22/11, indicated Resident #26 needed to have the following blood work drawn the next lab day: lipid profile, basic metabolic profile (BMP), complete blood count (CBC), urinalysis (UA), thyroid stimulating hormone (TSH) and serum glutamic pyruvic transaminase (SGPT).</p> <p>During an interview with LPN #1 on 7/5/11 at 10:38 a.m., the LPN indicated that labs are drawn weekly and she was</p>			R0090	<p>Resident #26, who was affected by the deficient practice had her lab work done immediately and physician notified. Other residents who have the potential to be affected by the same deficient practice will have all their lab orders reviewed and addressed if required. All orders will be reviewed weekly by the second shift nurse and/or the weekend nurse to ensure accuracy and follow up. The weekend nurse will monitor the review process for the week and report weekly to the D.O.N. for the next year. Staff will be inserviced on the new procedures, and the system changes will be completed by July 31, 2011.</p>		07/31/2011

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	unable to find any labs drawn for Resident #26.						